

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
AUG 09 2012

PERMIT # 14-0095
Date: 5-08-14
Amount Paid: \$407.50
Refund: 5-19-14
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept
HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☒ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Town of Namakagon Mailing Address: 436.70 City Hwy D City/State/Zip: Cable WI 54821 Telephone: 794-2036

Address of Property: 25205 Namakagon Dump Rd City/State/Zip: Cable WI 54821 Contractor Phone: Plumber: Cell Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-798-7116 Agent Mailing Address (include City/State/Zip): P.O. Box 67 Cable, WI 54821 Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION: SW 1/4, SW 1/4 Legal Description: (Use Tax Statement) SW 1/4, SW 1/4 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) Volume 384 Page(s) 43

Section 18, Township 43 N, Range 5 W Town of: Namakagon Lot Size: Acreage: 40/37.056

☐ Shoreland → ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes--continue → Distance Structure is from Shoreline: feet ☐ Yes ☒ No

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue → Distance Structure is from Shoreline: feet ☐ Yes ☒ No

☒ Non-Shoreland

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$163,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u></u>	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (pt) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/>	<input checked="" type="checkbox"/> TOWER		<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: 2 Width: 2 Height: 4/0

Proposed Construction: Length: 2 Width: 2 Height: 4/0

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(<u>X</u>)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<u>X</u>)	
<input type="checkbox"/>	with Loft	(<u>X</u>)	
<input type="checkbox"/>	with a Porch	(<u>X</u>)	
<input type="checkbox"/>	with (2 nd) Deck	(<u>X</u>)	
<input type="checkbox"/>	with (2 nd) Deck	(<u>X</u>)	
<input checked="" type="checkbox"/>	Commercial Use	(<u>X</u>)	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>X</u>)	
<input type="checkbox"/>	Mobile Home (manufactured date) <u></u>	(<u>X</u>)	
<input type="checkbox"/>	Addition/Alteration (specify) <u></u>	(<u>X</u>)	
<input type="checkbox"/>	Accessory Building (specify) <u></u>	(<u>X</u>)	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u></u>	(<u>X</u>)	
<input type="checkbox"/>	Municipal Use	(<u>X</u>)	
<input type="checkbox"/>	Special Use: (explain) <u></u>	(<u>X</u>)	
<input checked="" type="checkbox"/>	Conditional Use: (explain) <u></u>	(<u>X</u>)	
<input type="checkbox"/>	Other: (explain) <u></u>	(<u>X</u>)	

Rec'd for Issuance MAY 23 2014

Secrecial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
any accompanying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robert J. Namakagon Date: 8-7-12
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Don Ashman Date: 8-9-12
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit P.O. Box 67 Cable, WI 54821

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
North (N) on Plot Plan
(2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1000' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	1000' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	3' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	3' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	280' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	360' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

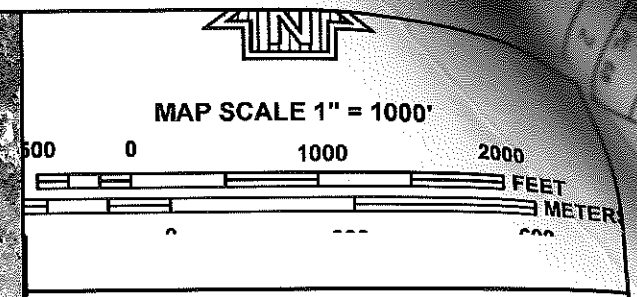
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 14-00075	Permit Date: 5-03-14			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:	Metcalf requirements.			
Date of Inspection: 5-22-14	Inspected by: M. Futale	Zoning District (M)	Lakes Classification (NA)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
see ZC meeting minutes & affidavit				
Signature of Inspector: Metcalf	Date of Approval: 5-28-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



NATIONAL FLOOD INSURANCE PROGRAM

FIRM

PANEL 1035D

FIRM

FLOOD INSURANCE RATE MAP

BAYFIELD COUNTY,

WISCONSIN

AND INCORPORATED AREAS


PANEL 1035 OF 1070

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
BAYFIELD COUNTY	550539	1035	D

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.



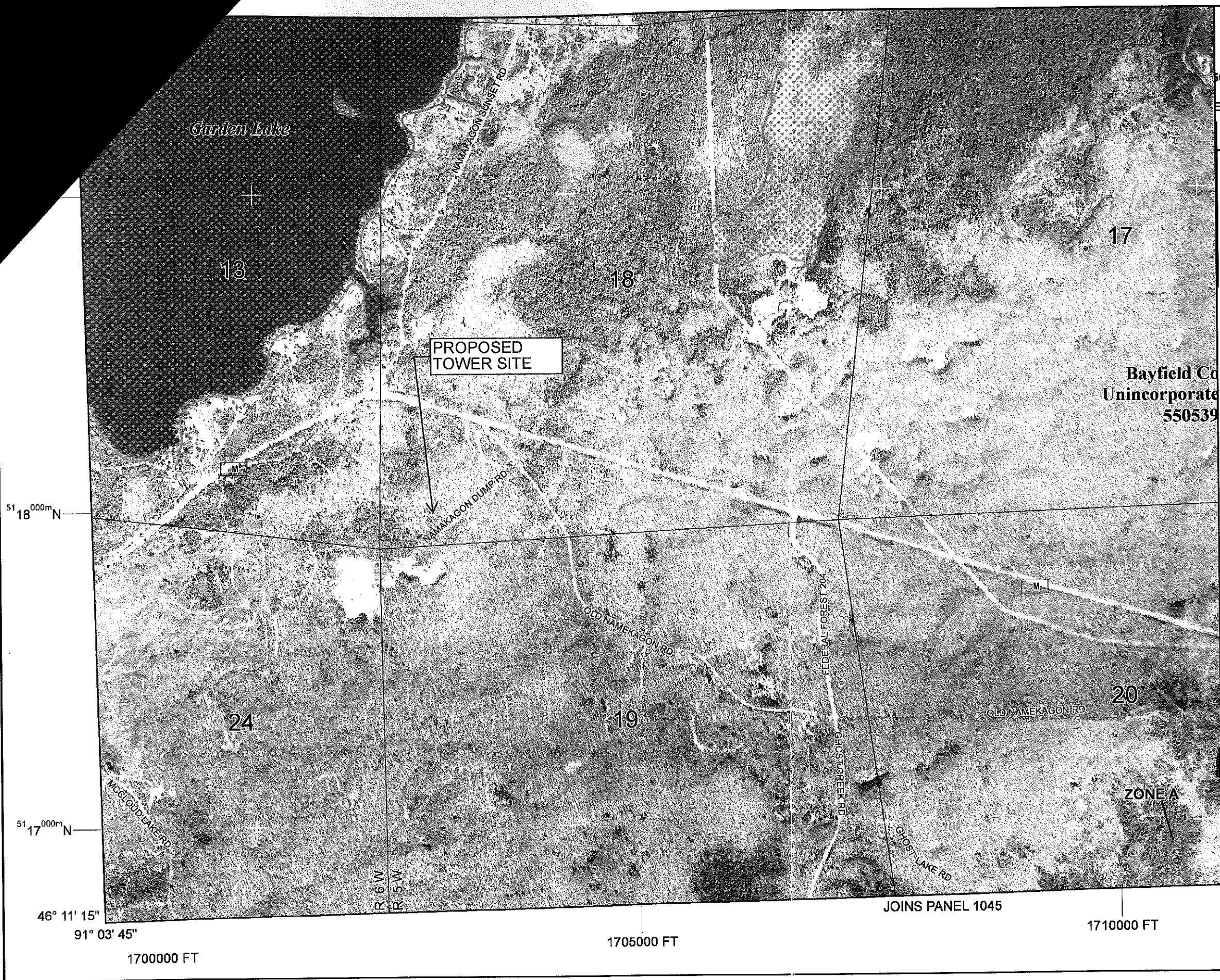
MAP NUMBER

55007C1035D

EFFECTIVE DATE

DECEMBER 16, 2011

Federal Emergency Management Agency



This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
ENTERED
MAY 23 2014
Bayfield Co. Zoning Dept.

Permit #:	14-0078
Date:	5-23-14
Amount Paid:	\$75
Refund:	5-23-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER											
Owner's Name: Gan & Linda Seidler			Mailing Address: 88A1 Big Bend Rd Waterford, WI			City/State/Zip: 53185				Telephone: 262	
Address of Property: 43635 Dock Pt. Rd.			City/State/Zip: Cable, WI			54821				Cell Phone: 262	
Contractor: Scott Haan			Contractor Phone: 794-2685			Plumber:				Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone:			Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement) 1/4, 1/4				PIN: (23 digits) 04-034-3-43-06-13-200-227-34000		Recorded Document: (i.e. Property Ownership) Volume 1071 Page(s) 422			
Section 13, Township 43 N, Range 6 W		Town of: Nemaagon		Lot(s) CSM Vol & Page		Lot(s) No. Block(s) No.		Subdivision: Nemaagon Lakeshore		Acreage 4.3	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →				Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →				Distance Structure is from Shoreline: feet		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$ 20000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water							
							New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>ST</u>	<input checked="" type="checkbox"/> Well
							Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>ST</u>	<input type="checkbox"/>	
							Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>							

Existing Structure: (if permit being applied for is relevant to it)	Length: 30	Width: 48	Height: 16
Proposed Construction:	Length: 50	Width: 68	Height: 16

<input checked="" type="checkbox"/> Residential Use	Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure		Dimensions	Square Footage	
			Principal Structure (first structure on property)				(<input type="checkbox"/> X)
			Residence (i.e. cabin, hunting shack, etc.)				(<input type="checkbox"/> X)
			with Loft				(<input type="checkbox"/> X)
			with a Porch				(<input type="checkbox"/> X)
			with (2 nd) Porch				(<input type="checkbox"/> X)
			with a Deck				(<input type="checkbox"/> X)
			with (2 nd) Deck				(<input type="checkbox"/> X)
			with Attached Garage				(<input type="checkbox"/> X)
			Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)				(<input type="checkbox"/> X)
<input type="checkbox"/> Commercial Use	Proposed Use	<input type="checkbox"/>	Mobile Home (manufactured date)		(<input type="checkbox"/> X)		
			Addition/Alteration (specify)		(<input type="checkbox"/> X)		
			Accessory Building (specify)		(<input type="checkbox"/> X)		
			Accessory Building Addition/Alteration (specify)		(<input type="checkbox"/> X)		
			Special Use: (explain)		(<input type="checkbox"/> X)		
<input type="checkbox"/> Municipal Use	Proposed Use	<input type="checkbox"/>	Conditional Use: (explain)		(<input type="checkbox"/> X)		
			Accessory Building Addition/Alteration (specify)		(<input type="checkbox"/> X)		
			Other: (explain)		(<input type="checkbox"/> X)		
Rec'd for Issuance		MAY 23 2014		Secretarial Staff		(<input type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

* Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Scott Haan

Date

Address to send permit

Scott Haan, 23055 Missionary Pt Circle, Cable, WI 54821

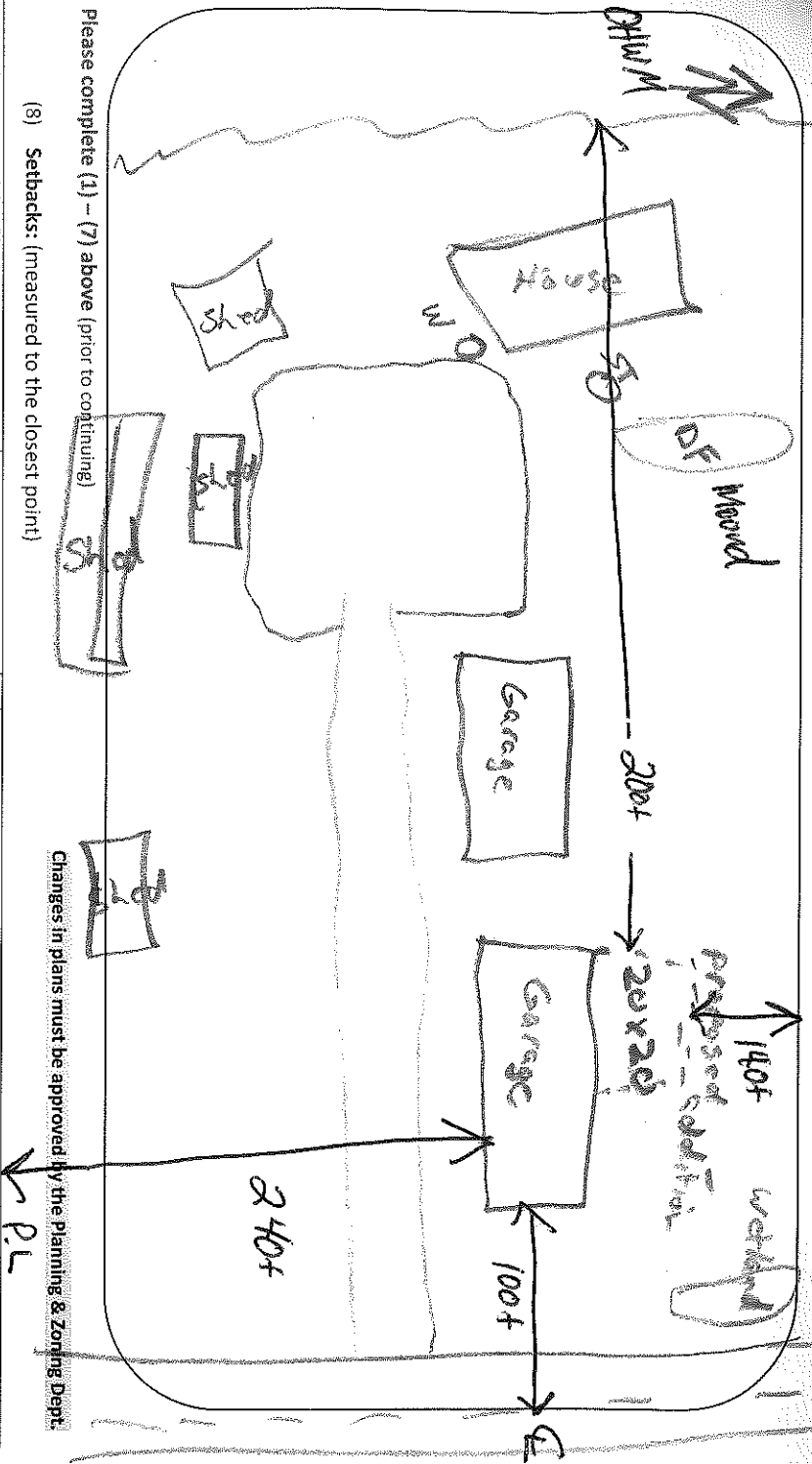
Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- | | |
|---------------------------|--|
| (1) Show location of: | Proposed Construction |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show location of (*): | (* Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (* Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)) |
| (6) Show any (*): | (* Lake; (*) River; (*) Stream/Creek; or (*) Pond) |
| (7) Show any (*): | (* Wetlands; or (*) Slopes over 20%) |

Desk pt 2



(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	102 Feet	Setback from the Lake (ordinary high-water mark)	200 + Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	114 + Feet
Setback from the North Lot Line	140 + Feet	Setback from the Bank or Bluff	114 Feet
Setback from the South Lot Line	100 + Feet	Setback from Wetland	75 + Feet
Setback from the West Lot Line	100 + Feet	Setback from 20% Slope Area	114 + Feet
Setback from the East Lot Line	100 + Feet	Elevation of Floodplain	114 Feet
Setback to Septic Tank or Holding Tank	100 + Feet	Setback to Well	100 + Feet
Setback to Drain Field	100 + Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #:	14-0097	Permit Date:		5-03-14	
Is Parcel a Sub-Standard lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes	(Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Receipt: Well stated. Meets all setbacks.				Zoning District (RRB) Lakes Classification (1)	
Date of Inspection:	5-23-14	Inspected by:		M. Funtak	
Conditions: Town, Committee of Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) No water under pressure in structure. May not be used for human habitation.					
Signature of Inspector: Michael Dunde				Date of Approval: 5-23-14	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	